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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL			Filing Date	01-24-20	01-24-2002			
FORM			First Named Inventor	Kazushi 1	Kazushi TORII			
				Art Unit	1711			
(to be used for	all correct	oondence after initial	filing)	Examiner Name	A. Woody	vard		
			18	Attorney Docket Number	er 43379			
Total Number of	r Pages in	This Submission			1.			
	ENCLOSURES (Check all that apply)							
Fee Tran	smittal Fo	orm		Orawing(s)			Allowance Communication to TC	
√ _F	ee Attach	ied ,	╽└┘└	icensing-related Papers			ppeals and Interferences	
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request			Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	ce Address				
		SIGNA	L TURE O	F APPLICANT. AT	ORNEY.	OR AGENT	· · · · · · · · · · · · · · · · · · ·	
Firm Name	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Roylance, Abrams, Berdo & Goodman, L.L.P. (Customer No. 001609)							
Signature	Signature Samuel Marion							
Printed name Garrett V. Davis								
Date 12-23-2004				Reg. No.	Reg. No. 32,023			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Reduction of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Pan Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/053.659 TRANSMI Filing Date January 24, 2002 For FY 2005 First Named Inventor Kazushi TORII A. Woodward **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1711 Art Unit (\$) 400.00 **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. 43379 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None L Other (please identify): Deposit Account Name:_Roylance, Abrams, Berdo & Goodman, L.L.P. Deposit Account Deposit Account Number: 18-2220 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES**

Small Entity **Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 600 300 250 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity**

Fee Description
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Fee (\$)
Fee (\$)

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Multiple dependent claims

Total Claims 45	Extra Claims	Fee (\$)		Fee Paid (\$)	Multiple Dependen	nt Claims
53 - 20 or HP =	8 x	50.00	= _	400.00	Fee (\$)	Fee Paid (\$)
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Indep. Claims 8	Extra Claims	Fee (\$)		Fee Paid (\$)		
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HP = highest number of independent claims paid for, if greater than 3

	APPI	LICAT	TION	SIZE	FEE
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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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I. OTHER FEE(S)					Fees Paid (\$)
Non-English Specification,	\$130 fee (no small	entity discount)			

SUBMITTED BY			
Signature	Sant Rea-	Registration No. 32,023 (Attorney/Agent)	Telephone (202) 659-9076
Name (Print/Type)	Garrett V. Davis		Date 12-23-2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Kazushi TORII et al. : Art Unit: 1711

Serial No.: 10/053,659 : Examiner: A. Woodward

Filed: January 24, 2002

For: WATER-ABSORBING AGENT AND

PRODUCTION PROCESS THEREFOR, AND:

WATER-ABSORBENT STRUCTURE

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is in response to the September 24, 2004 Office Action.

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